

COVER PAGE

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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Horton	Mark	B	(916) 558-1700	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
P O Box 997377, MS 0500		Sacramento	CA	95899-7377
			OPTIONAL: FAX / E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

California Department of Public Health

Division, Board, District, if applicable:

Your Position:

Director

→ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

☐ The period covered is ____/____/____, through December 31, 2007.

☐ Leaving Office

Date Left: ____/____/____

(Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

→ Total number of pages including this cover page: 4

→ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☒ Yes – schedule attached
Income – Travel Payments

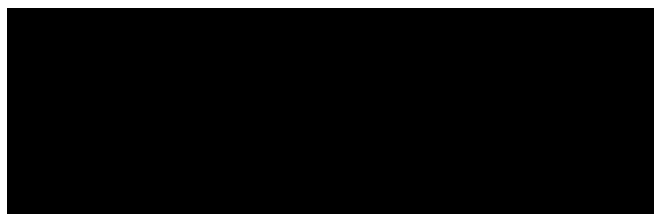
-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.



SCHEDULE A-1
Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Mark B Horton, MD

> NAME OF BUSINESS ENTITY
Starbucks

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
coffee retailer

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
_____/_____/07 ____/_____/07
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
Policy Studies Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
consulting company

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
_____/_____/07 ____/_____/07
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
Southwest

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
airline

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
_____/_____/07 ____/_____/07
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
_____/_____/07 ____/_____/07
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY
Berkshire Hathaway

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
diversified company

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
_____/_____/07 ____/_____/07
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
_____/_____/07 ____/_____/07
ACQUIRED DISPOSED

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Mark B Horton, MD

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

<p>➤ NAME OF SOURCE <u>Robert Wood Johnson Foundation</u></p> <p>ADDRESS <u>P.O. Box 2316 Route 1 and College Road East</u></p> <p>CITY AND STATE <u>Princeton, NJ 08543</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>non-profit to improve health & health care</u></p> <p>DATE(S): <u>07 / 15 / 07 - 07 / 22 / 07</u> AMT: \$ <u>6100.00</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Meals, lodging, and course materials for State Health Leadership Initiative training for new state health dept. directors</u></p>	<p>➤ NAME OF SOURCE <u>Assoc. of State & Territorial Health Officials</u></p> <p>ADDRESS <u>2231 Crystal Drive Suite 450</u></p> <p>CITY AND STATE <u>Arlington, VA 22202</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>nonprofit representing state & territorial health officers</u></p> <p>DATE(S): <u>07 / 15 / 07 - 07 / 22 / 07</u> AMT: \$ <u>924.00</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>airfare for State Health Leadership Initiative training for new state health dept. directors</u></p>
<p>➤ NAME OF SOURCE <u>University of Kentucky</u></p> <p>ADDRESS <u></u></p> <p>CITY AND STATE <u>Lexington, Kentucky 40506</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u></u></p> <p>DATE(S): <u>09 / 13 / 07 - 09 / 15 / 07</u> AMT: \$ <u>1344.00</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Travel & lodging to represent Assoc of State & Territorial Health Officials at Data Harmonization mtg. sponsored by CDC</u></p>	<p>➤ NAME OF SOURCE <u>Assoc. of State & Territorial Health Officials</u></p> <p>ADDRESS <u>2231 Crystal Drive Suite 450</u></p> <p>CITY AND STATE <u>Arlington, VA 22202</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>nonprofit representing state & territorial health officers</u></p> <p>DATE(S): <u>11 / 03 / 07 - 11 / 08 / 07</u> AMT: \$ <u>1712.00</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Travel, lodging & conference fees to Public Health Leadership Society meeting</u></p>

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Mark B Horton, MD

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

<p>➤ NAME OF SOURCE Assoc. of State & Territorial Health Officials</p> <p>ADDRESS 2231 Crystal Drive Suite 450</p> <p>CITY AND STATE Arlington, VA 22202</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE nonprofit representing state & territorial health officers</p> <p>DATE(S): 12 / 03 / 07 - 12 / 05 / 07 AMT: \$ 965.00 (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: travel expense to attend ASHTO Policy Summit as a member of ASTHO Executive Committee</p>	<p>➤ NAME OF SOURCE</p> <p>ADDRESS</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>
<p>➤ NAME OF SOURCE</p> <p>ADDRESS</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>	<p>➤ NAME OF SOURCE</p> <p>ADDRESS</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>

Comments: _____